

UNITED STATES DISTRICT COURT
DISTRICT OF MASSACHUSETTS

ARISE FOR SOCIAL JUSTICE;)
OISTE?; NEW ENGLAND STATE-AREA)
CONFERENCE OF THE NAACP;)
REV. TALBERT W. SWAN, II;)
NORMAN W. OLIVER; DARLENE)
ANDERSON; GUMERSINDO GOMEZ;)
FRANK BUNTING; RAFAEL RODRIQUEZ;)
and DIANA NURSE) Civil Action No. 05-30080-
MAP)
Plaintiffs,)
)
v.)
)
)
CITY OF SPRINGFIELD and SPRINGFIELD)
ELECTION COMMISSION)
)
Defendants.)

)

**DEFENDANTS' AFFIDAVIT OF DIRECT TESTIMONY
HELEN CAULTON-HARRIS, DIRECTOR OF HEALTH
AND HUMAN SERVICES FOR CITY OF SPRINGFIELD**

- 1) My name is Helen Caulton Harris and I am the Director of Health and Human Services for the City of Springfield. I have served as the Director of the Department of Health and Human Services and its predecessor, the Public Health Department since 1996. I report directly to the Mayor and, indeed, was appointed to this position by former Mayor Michael Albano. Prior to that time, I served as Director of Special Projects for Tapestry Health Systems and Executive Director of the Area Health Education Center at Springfield Technical Community College. I possess a Masters Degree in Education from Cambridge College and a Certificate of Advanced Graduate Studies from Springfield College. I also have had a honorary doctorate conferred upon me by Westfield State College.
- 2) The Department of Health and Human Services conducts comprehensive health and human service planning for the City of Springfield by establishing health and human service program planning and policy advocacy, education, assurance and the facilitation of the delivery of primary health and human services to all Springfield residents regardless of race, color, religious creeds, national origin, age, sex, disability, sources of income, familial status and/or sexual orientation. It is the goal of the Department of

Health and Human Services to strive to secure a healthy physical and environmental setting for all residents of the City. The Department of Health and Human Services is committed to safeguarding the public health from disease, disability and premature death by providing services, health education, and surveillance activities.

3) It is further the goal of the Department of Health and Human Services to achieve a vision characterized by significant reductions in preventable death and disabilities in the health status of populations within the City. Specific among the challenges to targeted populations are infant mortality, substance abuse, sexually transmitted diseases, including HIV/AIDS, violent and abusive behavior, inadequate immunization among the City's children, teenage pregnancy, and lead poisoning

Health-Related Challenges to the City and its Citizens

4) The Department of Health and Human Services recognizes that infant mortality is a critical issue. The health of the City as a whole is reflected in the rates of infant morbidity and mortality; the health of the City's children is imperative to the City's future and development. The Department of Health and Human Services is, therefore, committed to providing appropriate support, services, and education to the citizens of Springfield to address the issue and reduce the incidence of infant mortality in the City. See ¶ at 17.

- a) Between 1993 and 2000 there were 117 infant deaths in Springfield. Between 2000 and 2004, there were 79 infant deaths in Springfield. The Year Two Progress Report – Springfield, Massachusetts; National Fetal-Infant Mortality Review Program Community-based Fetal and Infant Mortality Review Initiatives, indicated that the infant mortality rate was 9.9 deaths per 1,000 births in 1991. Between 1993 and 2000 the rate of infant mortality declined 4.5 per 1,000; in 2000 the infant mortality rate was 6.4 per 1,000. Between 2000 and 2004, the infant mortality rate was 6.5 per 1,000.
- b) There appears to be a correlation race and infant mortality. Of the 117 infant deaths in Springfield between 1993 and 2000, 66 were African American, 62 were Hispanic, 47 were white, and 2 were Asian. Between 1993 and 2000, the number of African American infants who died ranged from 15 in 1994 to three in 1995. Between 1993 and 2000, the number of African American infants who died ranged from 13 in 1997 to five in 1996. Between 1993 and 2000, the average annual infant mortality rate per 1,000 livebirths was 14.5 for African Americans, 9.1 for Hispanics and 6.3 for whites. Between 2000 and 2004, the average annual infant mortality rate per 1,000 livebirths has decreased and is 12.4 for African Americans, 6.4 for Hispanics and 3.7 for whites.
- c) The 1992, Year Two Progress Report, indicated that 1991 the adequacy of prenatal care had decreased among nonHispanic white women, but had increased among Hispanic, African American and Asian women. Also reported was the increasing availability of publicly financed pre-natal care in all populations, as well as an increase in teenage births in all populations except among non-Hispanic African American women.
- d) As recommended by the Year Two Progress Report – Springfield, Massachusetts; National Fetal-Infant Mortality Review Program Community-based Fetal and Infant Mortality Review Initiatives (1992), a Massachusetts Mortality Review Board Strategy

(MIMAS) review of local implementation has been undertaken, including the collection of information and the translation of findings into a coordinated strategic plan of action and the institutionalization of a Fetal and Mortality Review Program. In addition, the City of Springfield has instituted a Child Maternal Health Commission which consists of community based organizations and both Baystate and Mercy Medical Centers. The City has been proactive in its outreach efforts to women to assure education and information is accessible. Over the past four years over 2,000 families have been served by our Community Baby Shower outreach effort.

5) The Department of Health and Human Services recognizes that drug and alcohol abuse is a highly critical health issue requiring immediate public health intervention. To that end the City and the Department of Health and Human Services makes available or makes referrals to the following various types of publicly funded substance abuse treatment programs that available to Springfield residents: 1) acute treatment facilities; 2) residential programs; 3) outpatient or criminal justice programs; 4) first or second offender drunken driver programs; and 5) narcotic treatment (methadone) programs. Between 1995 and 2005, the greatest number (6,142 persons) Springfield residents were admitted to publicly funded substance abuse treatment programs in 2003, the fewest number of Springfield residents were admitted to publicly funded substance abuse treatment programs in 2005 (4,930 persons). It should be noted that data regarding admittance to publicly funded treatment programs does not include those in private treatment facilities or those who have not sought assistance with their abuse problem. Alcohol has long remained the most common drug of choice (primary substance) among Springfield residents admitted to substance abuse treatment. However, in 2005, of those admissions to substance abuse treatment, 2,216 were admissions where heroin was the primary and 1,812 were admissions where alcohol was the primary.

6) There does not appear to be a clear correlation between race and admittance to the publicly funded treatment program. In 1999, 38 percent of those admitted to a publicly funded treatment program identified themselves as Hispanic; in 2005, 42.0 percent of those admitted to a publicly funded treatment program identified themselves as Hispanic. In 1999, 36 percent of those admitted to a publicly funded treatment program identified themselves as white; in 2005, 38.1 percent of those admitted to a publicly funded treatment program identified themselves as white. In 1999, 24 percent of those admitted to a publicly funded treatment program identified themselves as African American; in 2005, 17.5 percent of those admitted to a publicly funded treatment program identified themselves as African American. In 1999, 2 percent of those admitted to a publicly funded treatment program identified themselves as Asian; no information about the number of Asians admitted to publicly funded treatment facilities in 2005 is available. Accordingly, while the number of white and Hispanic persons admitted to publicly funded treatment facilities has increased since 1999, it has decreased as among African American persons. On the other hand, there is a correlation between age and admittance to a publicly funded treatment program; by far the most numerous group of those admitted to a publicly funded treatment program was those persons between 30-39 years of age .

7) The Department of Health and Human Services is committed to providing appropriate support, services, guidance, counseling, intervention, and education to the citizens of Springfield to address the issue and reduce the incidence of drug and alcohol abuse in the City. To facilitate this goal a Substance Abuse Coordinator serves as a liaison between substance abuse agencies, community groups, private agencies and the general public. The coordinator supports program development and implementation of substance abuse treatment and prevention services; develops strategies and practices that encourage individuals with a substance abuse addiction to reduce the harm done to themselves and their families by participating in treatment services; and provides technical assistance to substance abuse agencies, community groups and private agencies. The community Substance Abuse Prevention and Treatment Coalition is a group of providers and consumers who meet monthly to address the issues of substance abuse. In addition a Women and Substance Abuse Speakers Bureau promotes "A Vision of Hope." The mission of the bureau is to engage the community in a dialogue about women and addiction and to share the message that recovery is possible for every woman and man.

8) The Department of Health and Human Services recognizes that HIV/AIDS has reached epidemic proportions and has become a major health issue requiring immediate and sensitive attention. As of January 1, 2004, the rate of HIV/AIDS infection in the City of Springfield was 6.0/1,000. In 2005, the rate of HIV/AIDS infection in the City of Springfield was (2005 data not available) bit /1,000. In 2002, 832 Springfield residents were known to be living with HIV/AIDS; in 2004, 905 Springfield residents were known to be living with HIV/AIDS. In 2005, 992 Springfield residents were known to be living with HIV/AIDS. The Department of Health and Human Services is, therefore, committed to providing appropriate support, services, and education to the citizens of Springfield to address the issue and reduce the incidence of HIV/AIDS infection in the City of Springfield. In 2005, the citywide prevalence rate for HIV was 634.4/100,000 persons and for AIDS it was 307.6/100,000.

9) There appears to be a correlation between race and HIV/AIDS. In 2005, 809 persons living with HIV/AIDS were Hispanic; 416 of those living with HIV/AIDS were African American; 238 of those living with HIV/AIDS were white. Because HIV status is not reportable, the number of individuals who have tested positive for HIV are not known. The "rule of thumb" used by the Center for Disease Control is that 25 percent of those living with HIV/AIDS are not in care and accordingly have not been tested or otherwise "counted." Using 25 percent rule of thumb, I would estimate that there were 1959 residents living with HAV/AIDS in Springfield in 2005.

10) In 2005, Springfield has the fourth highest rate of HIV/AIDS in the Commonwealth of Massachusetts. In an effort to prevent more of the citizens of the City of Springfield from being infected with HIV/AIDS the Department of Health and Human Services has appointed an HIV/AIDS coordinator, who serves as a liaison and advocate for people infected an affected with HIV/AIDS. The duties of the HIV/AIDS Coordinator is to assure, assess, an develop policy related to HIV/AIDS issues that affect Springfield residents, as well as enhance the quality of life for individuals affected by the epidemic.

Among the major initiatives of the Department of Health and Human Services is a Mobile Outreach Team, which is a group of outreach workers who provide health promotional services for individuals who use injection drugs. Through an increasingly intense intervention model, the team tracks and provides follow-up services for their clients. The Springfield AIDS Council is comprised of city residents appointed by the Mayor. They make recommendations regarding ways to address HIV/AIDS to the department and the Public Health Council. The council has successfully facilitated many focus groups and public forums regarding HIV/AIDS and related issues. Youth Against AIDS Coalition is a group of adolescents who address HIV/AIDS issues. The coalition brings information to the public and makes recommendations to the HIV/AIDS coordinator and the director of the department regarding HIV/AIDS prevention among adolescents. In addition the Department of Health and Human Services has sponsored public service announcements to increase awareness of the HIV/AIDS epidemic in Springfield, as well as educational events.

11) The Department of Health and Human Services further recognizes the toll on the physical and mental health of Springfield residents exacted by violent and abusive behavior. While the Department of Health and Human Services continues to learn more about the most effective means of reducing violent behavior, important steps have been taken in six key areas: i) homicide and assaultive violence, ii) domestic violence; iii) child abuse, iv) sexual assault, suicide and firearm injury. In 2005, there were homicides, rapes and attempted rapes, robberies, assaults, including domestic, simple and aggravated injury, home robberies, and reported cases of larceny, such as shoplifting, theft of pocketbooks. Since 1985, the Surgeon General and the United States Public Health Service provided a focus on violence as a leading public health problem in the United States. (I have been unable to get this data from the Police Department, Kathy Brown was our contact)

12) The Department of Health and Human Services is committed to addressing the physical and mental health toll of the City's residents as a result of violent and abusive contact. To that end, the violence prevention coordinator is responsible for implementing components of the comprehensive violence prevention policy for the City of Springfield, which include enhancing relationships with neighborhood groups, coalition, task forces and the faith communities; developing and evaluating policies on violence prevention within Springfield; working with other city departments such as the School and Police Department to decrease violence; and providing information for the community-mapping project. In addition the Department of Health and Human Services, in conjunction with the Mayor, the City Wide Violence Prevention Task Force, Baystate Health Systems, and Stop Hand Gun Violence, Inc. participate in the "Gift of Life" campaign. This is a child safety and prevention program with a three-tier approach, that i) provides a comprehensive media campaign to educate the public regarding the hazards and responsibilities of gun ownership; ii) supports legislation that requires gun owners to safely store weapons; and iii) implements a Child Safety Lock Give-a-Way Program. Safe Night is an event, planned by youth and adults to learn conflict resolution skills,

prevention of drug and alcohol problems, identify community problems and possible solutions.

13) The Department of Health and Human Services is committed to ensuring that all children are properly immunized, recognizing that immunizations assures the health of the City's population and provides protection against morbidity and mortality due to preventable illnesses. Children between two to five should receive the following immunizations: 15-18 months DTaP; dose 4 of 5. 18 months or older Hepatitis A dose 2 of 2. 4 to 6 years DTaP Dose 5 of 5; Polio dose 4 of 4; MMR dose 2 of 2; Varicella Dose 2 of 2. (Data Not Available for Springfield)VA In 2005, ____ percent of Springfield's children, ages two to five, were not immunized. It is estimated that ____ percent of Springfield's population (of any age) are not properly immunized. Children are not permitted to enter school without the appropriate immunization and the City and other public and private agencies, hospitals, medical care facilities provide immunization for the City's children. There is no financial reason for children failing to be properly immunized. See, infra at ¶34.

14) The Department of Health and Human Services is further committed to addressing the problem of teenage pregnancies and to providing sufficient education and support services so that teen mothers receive adequate prenatal care and so that babies born to teenagers do not fall in the category of "low birth rate." Between 1993 and 2000, 1 of every 5 babies born in Springfield was born to a woman less than 20 years of age. This as about 3 times the rate throughout the State. Between 2000 and 2004 18.9 percent (or 2,285) of all babies born in Springfield was born to a woman less than 20 years of age. This as about 3 times the rate throughout the State. Almost half of the Springfield babies born to mothers 19 years or younger were born to mother less than 17 years of age during the period 1993 to 2000; during the 2000-2004 period of time less than 40.9 percent of those 19 years and younger were younger than 17 years of age.

15) There appears to be a racial correlation between race and incidence of teen pregnancy in the City of Springfield.

a) During the period of time, 1993-2000, the annual number of African American teen births was lowest in 2000, during which 80 babies were born to mothers less than 20 years of age -- among whom 35 were less than 17 years old. During the period of time, 2000 – 2004, the annual number of African American teen births was lowest in 2000, during which 80 babies were born to African American mothers less than 20 years of age -- among whom 35 were less than 17 years old.

b) During the period of time, 1993-2000, the annual number of Hispanic teen (19 years or younger) births was lowest in 1995, during which babies were born to 238 mothers less than 20 years of age -- among whom 116 were less than 17 years old. The annual number of Hispanic teen births was lowest in 1996, during which year babies were born to 238 mothers less than 20 years of age -- among whom 114 were less than 17 years old. During the period of time, 2000 – 2004, the annual number of Hispanic teen births was lowest in 204, during which 249 babies were born to mothers less than 20 years of age -- among whom 98 were less than 17 years old.

c) During the period of time, 1993-2000, the annual number of white teen births was lowest in 2000, during which 73 babies were born to mothers less than 20 years of age -- among whom 35 were less than 17 years old. During the period of time, 2000 – 2004, the annual number of white teen births was lowest in 2004, during which 63 babies were born to mothers less than 20 years of age -- among whom 17 were less than 17 years old.

d) During the period of time 1993 to 2000 there was a total of 48 babies born to Asian teen mothers 20 years or younger – of whom 21 were younger than 17 years of age.

During the period of time, 2002-2004, the annual number of Asian teen births was lowest in 2002 and 2003, during which 5 babies were born to mothers less than 20 years of age.

16) There further appears to a correlation between age of the mother and utilization of adequate prenatal care (PNC) which includes i) adequate initiation of PNC and ii) adequacy of received services once PNC has been initiated, with the greatest disparity between white teen and all white mothers. There appears to be only a small difference in the proportion of inadequate and adequate prenatal care as among white, African American, and Hispanic teens. There is a greater proportion of low birthweight (less than 5.5 pounds) in teen mothers as compared to all Springfield mothers and as compared to the State as a whole. There is only a small percentage point difference in the proportion of African American, Hispanic, and white babies with low birthweight and mothers less than 18 years of age; a slightly greater proportion of Hispanic babies born to mothers less than 18 years of age have been classified as have “low birthweight”

17) The Department of Health and Human Services is committed to providing more support, education, assistance, counseling, health services, and education to teenage women. The Springfield Infant Child Adolescent Health and Safety Division addresses the issues associated with child and family health in Springfield and to promote the health and wellbeing of mothers, infants, children, adolescents and families. The goals of the Infant Child Adolescent Health & Safety Division are the reduction of the infant mortality rates in Springfield; the establishment of collaboration among health and human service agencies, task forces and criminal justice agencies serving mothers and their families; and Increased utilization of health services among women of childbearing age, adolescents, children and infants, including child immunization, lead screening, use of safety seats, and well baby services. The Infant Child Adolescent Health and Safety Division provides outreach services that are culturally sensitive and disseminates maternal, infant, child health and wellness information and conduct the following events: annual Community Baby Shower, the City of Springfield Annual Maternal and Child Health Conference, health fairs for community based organizations and faith communities, and infant mortality case review.

18) Finally the Springfield Public Health Department is committed to various programs to screen for high blood level lead levels among children and to better educated parents in assessing the home environment for sources of lead poisoning, and enforcing laws that require landlords to remove all lead paint from rental property in which children will be residing. Among children six months to a year, 6.5 percent of children who were screened were found to have elevated blood lead levels. It is believed that there are more children who have not been identified due to lack of screening. Due, in part, to the age of the housing stock in Springfield, which has been known beginning in the late 19th

century, as the "City of Homes" because its many Victorian mansions, as well as multitudes of single-family houses inhabited by workers, the proportion of children with reported elevated blood lead levels is 2.3 as great as the proportion of the children statewide.

Reorganization and Organization of the Department of Health and Human Services

19) It is the goal of the Department of Health and Human Services to address the total health needs of the citizens of Springfield. The Department of Health and Human Services is committed to educating Springfield citizens and empowering them to take better care of themselves. The Department of Health and Human Services is committed to preserving a proper physical environment that supports human life and enhances each individual's inherent abilities to respond and to act on their own behalf to assure that all citizens of Springfield achieve and maintain a maximum level of functioning. Public health education; health screening services; increased administration, planning, research, and development; greater capacities for sanitary inspections, community field work, epidemiological functions, violence prevention and other specialized health care provisions are the means by which the Department of Health and Human Services meets its commitment to supporting the health and well being of the citizens of Springfield

20) In 1996, the Department of Public Health was reorganized, some new positions were created, and supervision and responsibility for providing school nurses (Public Health Nurses) was transferred to the Springfield School Department. The position of Health Commissioner was abolished and replaced by a Director of Health and Human Services, the position that I hold. The Director of Health and Human Services is responsible for all of the duties, responsibilities and administration of the former offices of Health and Human Services (now Department of Health and Human Services) which involves addressing citizen needs in a complex and changing health environment. The Director of Health and Human Services has available a Public Health Physician who is "on call" for direct consultation with the Director and during various clinical services operations

21) The Director of Health and Human Services through the Health Educator works with various units of the Department of Health and Human Services to develop educational outreach into the community that will impart meaningful information that will assist in empowering residents to make health lifestyle choices. The Director of the Department of Health and Human Services also functions as the Executive Director of The Pioneer Valley Area Health Education Center (AHEC) and, as such, is responsible for coordinating activities between and among health and educational institutions, developing health education programs and health professions training experiences in collaboration with area colleges/universities and agencies. In addition, the Director of Health and Human Services also functions as the Executive Director of Health Services for the Homeless. The two Deputy Directors of Health and Human Services (Health Services and Health Policy and Evaluation) report directly to the Director of Health and Human Services.

22) The Deputy Director of Health and Human Services assigned to issues related to health policy and evaluation is responsible for addressing the following four essential elements in the provision of services related to the health and well-being of a community: i) measuring performance, effectiveness and outcomes of health services; ii) providing targeted outreach and forming partnerships; iii) research and innovation; and iv) mobilizing the community for action. Specifically, the Deputy works with professionals, each of whom are assigned specific duties and responsibilities regarding the following programs, issues, and/or diseases or health problems: i) HIV/AIDS; ii) Healthy Springfield; iii) Minority Health; iv) Substance Abuse; v) Violence Prevention; and vi) Grantmanship for the Department of Health and Human Services. The Deputy has a role in developing new projects that involve community health and human services. The Deputy has the responsibility to work with the Deputy Director assigned to manage the health service units and to evaluate and assess the effectiveness and outcomes of the health services provided by the various health service units

23) The HIV/AIDS coordinator is responsible for the i) development of policy, collection and analysis of data, ii) coordination and implementation of AIDS related programs administered by the Department of Health and Human Services, as well as those administered by other organizations and agencies; and iii) establishment and staffing of AIDS Commission. See, supra at ¶10. The Substance Abuse and Control Coordinator's main responsibility is to interact with the community to identify and refer substance abusers with the goal of preventing and controlling the pervasive use of drugs, alcohol, or other illegal substances and providing educational information.. See, supra at ¶7.

24) The Violence Prevention Specialist/Coordinator administers all programs relating to the prevention of violence in the City; works closely with the School Health Nurses and the Police Department; maintains a registry of violence related incidents and conducts appropriate follow-up; organizes and conducts violence prevention workshops; and serves as a resource to the community at large and as the department resource expert in this field. The Violence Prevention Specialist coordinates and monitors violence prevention activities and conducts group and individual counseling, preventative education, and outreach, public education, and case management. See, supra at ¶12. The Violence Prevention Specialist provides technical assistance toward improving rape crisis and battered treatment services and violence prevention by improving coordination among criminal justice and health and human services agencies and providing for more educational programs that reach the population at risk. The Violence Prevention Specialist coordinates and monitors violence treatment programs throughout the community, as well as violence and battered women intervention programs. The Violence Prevention Specialist develops and analyzes statewide and community based incidence data on violent occurrences and assaults, as well as data regarding violence prevention

25) The Grants Manager is primarily responsible for generating and maintaining funding sources outside of the City's budget; such funding is integral and indispensable to the City's ability to provide for the necessary services to address the various health concerns and problems that challenge the City's population. To the end, the Grants Manager

conducts community diagnosis and research, provide for targeted outreach, and forms partnerships to identify health issues that require City services and intervention. Most importantly, the Grants Manager devises various innovative means to provide resources and funding that will aid the Department of Health and Human Services in its multi-divisional efforts to combat a variety of health problems and concerns and to provide linkage to and management and development of various grant programs targeting health concerns and problems that are at the forefront of state and federal agendas for health communities. GRANTS MANAGER POSITION ELIMINATED FROM CITY BUDGET

26) A nurse practitioner is assigned to Health Services for the Homeless, which provides health services to the homeless by means of case management, referral and job placement. In addition, an outreach social worker, a licensed social worker, a dental assistant, as well as other administrative personnel are assigned to Health Services for the Homeless. The Nurse Practitioner assigned to Health Services for the Homeless coordinates and provides primary health care to patients and takes, records, interprets, and reviews the medical and social history of patients. The Nurse Practitioner assigned to Health Services for the Homeless performs physical examinations of patients using customary testing procedures and equipment and performs and interprets laboratory tests and procedures in the clinic. The Nurse Practitioner assigned to Health Services for the Homeless makes assessments of patients' clinical problems and initiates appropriate management, including medication and follow-up according to medical guidelines and protocols and provides interpretation of findings and diagnosis to patient; counseling and advice on methods of treatment, control, and prevention; and answers to patients' questions. Outreach social workers provide ongoing case management, advocacy, and referrals to community based organizations and health care systems. The Nurse Practitioner reports directly to the Director of Health and Human Services.

27) The Dental Program Supervisor for Health Services for the Homeless is responsible for supervising and participating in services and activities of the Health Department's dental clinics, which includes filling cavities; the administration of anesthesia; extraction of teeth; treatment of various conditions; prescription and pre- and post-operative medication and care; and the administration of fluorine treatments, as well as instructing clients as to dental hygiene and proper nutrition. The Community Dental Health Coordinator for the Health Services for the Homeless is responsible for the planning, organizing, and administrating dental health programs; the selection of educational materials and presentation to the public; the organization of dental education projects for promoting dental hygiene. In addition the Dental Coordinator is responsible for oversight of a newly constructed two Chair operatory "No Tooth Left Behind" in Gerena school, in a school zone that has the highest poverty rate in the City. Dental Services were cut from the City budget in 1989 due to proposition 2 ½.. This is the first clinic built to serve the children of Springfield since that time. The Clinic is DPH funded and Medicaid eligible. The Dental Coordinator reports to the Director of Health and Human Services. Of or o.

28) In addition, homeless clients may be referred to Mercy Medical Center for procedures and diagnoses that cannot be conducted in the City's clinics. Open Pantry Community Services are also made available to those in need

29) The Program Coordinator for the Pioneer Valley AHEC/REACH coordinates its operations and activities; recruits and supervises academic tutors; and conducts pre-post testing of students in academic, as well as psychosocial areas. Activities of the Pioneer Valley Area Health Education Center support AHEC/REACH (Racial and Ethnic Approaches to Community Health) Programs, which strive to eliminate disparities in health status experienced by racial and ethnic minority populations in key health areas. The program coordinator for the Pioneer Valley AHEC/REACH participates in joint programs with the community, school system, and post-secondary institutions to encourage minority recruitment into health professions; to oversee the planning, development, and implementation of mentor relationships between area health professionals and students and instructional programs for area students; and to provide weekly sociocultural counseling to students as necessary on a group or individual basis

30) Important to the functioning of the Pioneer Valley Area Health Education Center is the role of the Multi-Cultural Outreach Coordinator/Advisor whose responsibility it is to train and assist multi-cultural, community-based, health-related agencies, such as Pioneer Valley AHEC, in communication and outreach. The Multi-Cultural Outreach Coordinator/Advisor develops or facilitates the development of appropriate materials for outreach, training, and educational interventions; facilitates training with a focus on multi-cultural needs; oversees the planning, development, and implementation of communications programs; and coordinates training and outreach efforts with community agencies, organizations, and institutions, including the Springfield Public Schools, local colleges, community churches, and human services agencies such as Project SAFE, the Springfield Urban League, Northern Educational Services, Inc., , the Spanish American Union, Vietnamese Center and other culturally diverse programs and organizations throughout the City of Springfield. The Multi-Cultural Outreach Coordinator/Advisor recruits volunteers for training peer health specialists; targets members of various ethnic groups to promote health wellness; coordinates (Community Intervention) activities addressing health issues in such a manner as to unite the entire community for a single cause; integrates health issues with other priorities, such as drug prevention, employment, public safety, and crime prevention; encourages organizations already committed to health improvement to increase their resources to advance the health of minority persons; receives input from a subcommittee, created by the Multi-Cultural Outreach Coordinator/Advisor to advise on minority health issues and serve as a source of information from the racial and ethnic minority communities with regard to their concerns, issues, suggestions, and questions

31) The Deputy Director of Health and Human Services is charged with the responsibilities of administering and directing the various Health Services programs and services, as well as overseeing Environmental Health Services, Tobacco Control Programs, epidemiological functions and Family Health Services. The range of services offered by the various Health Services programs benefit large sectors of the population of the City, satisfy various state and federal mandates, are sufficiently flexible to be

responsive to new health issues, while providing the necessary services to attend to various of the City's identified health issues. The two Deputy Directors of Health and Human Services review and evaluate the effectiveness of the programs and services that the Department makes available to its citizens and the degree to which they successfully address the following six "essential elements:" i) laboratory services; ii) a safe and healthy environment; iii) healthy lifestyles; iv) personal health care services; v) community diagnosis; and vi) the prevention and control of epidemics.

32) The Environmental Health Supervisor oversees the work of the Sanitarians and the Lead Inspector and focuses on laboratory testing and on ensuring a safe and healthy environment for the public. The Environmental Health Supervisor is responsible for planning, implementing, supervising, coordinating and continually evaluating the comprehensive, protective Environmental Health Program of the Springfield Department of Health and Human Services. The role of the Inspection and Investigation Force is to ensure sanitary and safe conditions in the City's food establishments and in environments that are "involved with" the production, distribution, use of food and milk and to control environmental factors that impact the health of the City's population. To that end, the Environmental Health Supervisor directs and supervises the work of the sanitarians and food and milk inspectors in regular or special sanitary inspections of a wide variety of premises, facilities, and establishments and in investigating complaints of unsanitary conditions, practices, and nuisances affecting the public health. Finally, the Environmental Health Supervisor reviews, correlates inspectional reports and laboratory findings; provides supervisory advice and assistance; and personally participates in the solution of new emergent problems.

33) The focus of the duties and responsibilities of the Lead Inspector, who reports to the Environmental Health Supervisor, is combating lead poisoning problems that exist in the City due to the age of the housing stock LEAD INSPECTOR POSITION CUT.

34) The Epidemiologist, working with Community Health Nurses, clinicians/registered nurses and a data entry staff person responsible for vital statistics and immunization tracking, provide the capability to deal with epidemic diseases, including the flu, which can have a devastating impact on the elderly, the young, and the infirm. Under the direction of the Epidemiologist, an aggressive immunization program is administered to ensure that all adults and children are appropriately immunized. This unit has established base line data specific to Springfield's health statistics, communication and computerized "tie-ins" with federal and state centers for disease control; researches and implements the most advanced and effective means of combating and containing communicable diseases; conducts educational and informational outreach programs; and has established and maintains "meaningful links" to targeted groups and the community at large.

35) The Tobacco Control program is administered by a Tobacco Control Coordinator, Tobacco Control Educator, Tobacco Control Advocates, and administrative personnel and is funded by the State. The Tobacco Control Program is designed to provide tobacco cessation programs for the community. The Tobacco Control Program Coordinator is responsible for planning, developing, and implementing a systematic tobacco control

effort for the City of Springfield in collaboration with the Massachusetts Department of Public Health (MDPH) and the Springfield community. The Tobacco Control Program Coordinator is responsible for coordinating city-wide tobacco activities and collaborating with surrounding communities on tobacco control issues, as well as working with all municipal departments, including the Springfield School Department, regarding smoking cessation activities.

36) The Public Health EducatorThe Family Health Supervisor works with the Public Health Educator, who provides information and related educational materials in conjunction with the services offered. The Public Health Educator is responsible for educational and promotional work in the field of public health. The Public Health Educator has the responsibility for developing, coordinating and executing a comprehensive educational and informational program to promote municipal public health activities and services. Among the activities and programs of the Public Health Educator is i) pre-and in-service training of departmental personnel in methods and techniques of public health education; ii) training, consultative and guidance services to various community agencies; iii) advise and assistance to school personnel in planning, initiating, and expanding school health programs and curricula; iv) dissemination of information in the form of bibliographies of reference materials, newsletters, pamphlets, posters, brochures, as well as audio and video presentations of information.

37) "Community Health" Nurses, under the direction of a Deputy Director provide the necessary clinical services through community health clinics. In addition, Community Health Nurses conduct health promotions and prevention activities and other educational and community outreach programs. Community Health Nurses detect health problems through inspection, observations, interviews and analysis of records and instruct others in recognizing and reporting deviations from normal growth and development. Community Health Nurses confer with physicians, supervisors, parents, children, adults and community agencies and clinics to secure correction of physical, health, and social defects and to interpret public health policies, programs, services and regulations. In addition, they assist physicians and participate in health conference examinations and immunizations; interpret findings to others; arrange for necessary referrals; instruct in hygiene and health promotions, maternal and child care, feeding and sanitation. Community Health Nurses assist in mass immunization programs and in continuing programs for the control of communicable diseases through isolation, quarantine, education, and immunization. Community Health Nurses obtain case histories; assist in medical examinations; administer tests and prescribed medications; instruct families in isolation techniques and health promotions; confer with social agencies; and assist in clinical services, tuberculosis programs, well-child, blood pressure screening, maternal health care and related programs. Community Health Nurses investigate cases of epidemic or reportable diseases; obtain cultures and specimens; and arrange for medical and social referrals, as well as providing consultant and educational services for health care and promotions related to clinical services offered. Community Health Nurses keep and prepare reports and statistical data from a variety of examination, clinic, immunization, and related records and charts

38) Community Health Aides work directly with community based organizations and churches and are committed to ensuring that Springfield citizens are apprised of all available services and adequate information needed to assess the need for medical and health services

Other Health-Related Programs, Initiatives, and Committees

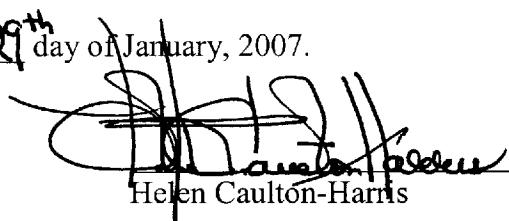
39) The Greater Springfield Dental Project is administered by a coordinator/planner who directly reports to the Director of Health and Human Services and is responsible for creating a program and recommending an implementation strategy to increase access to dental services for school aged children in the Greater Springfield area. To this end, the Department of Health and Human Services has established a dental clinic that provides education, prevention and basic dental restorative care for school age children through services of a dentist and a registered dental hygienist. In addition, the Department of Health and Human Services provides for referrals to community health centers as appropriate

40) The programs, policies, and procedures of the Mayor's Office for Citizens with Disabilities are directed and administered by a Director who further serves as Americans with Disabilities Act (ADA) Coordinator for the City of Springfield. The City is committed to complying with the ADA with regard to the provision of effective communication with all of its citizens and physical access to voting, sidewalks, and public buildings. Among the responsibilities of the Director of the Mayor's Office for Citizens with Disabilities is the active development of public and private funding sources to support the continuation of the Office. Accordingly, the Director works with the City Grants Manager, the Health and Human Services Grants Manager and other interested parties in writing grant proposals for future funding of the office from public and private sources. The Director of the Mayor's Office for Citizens with Disabilities assists in determining reasonable accommodations for disabled citizens and in developing centralized policies and procedures in the context of City employment. In addition the Director has developed a resource network to assist with both structural and programmatic access and time tables for ADA compliance, as well as determinations of appropriate program sites as necessary. The Director of the Mayor's Office for Citizens with Disabilities advises appropriate action in all ADA grievances, particularly in the areas of employment, public accommodation, public services, and telecommunications. The Director further acts as a resource to public and private programs or projects that affect the lives of individuals with disabilities and develops public and private partnerships to assist in this effort

41) (PROGRAM HAS CONCLUDED)aBeginning in July 1, 2004, Springfield's Department of Health and Human Services, working in coordination with the Hampden County Sheriff's Department of the Hampden County Correctional Center, hired a Health Care Access Nurse Coordinator (HCANC), who is nurse, to direct the program. The HCANC works with the Springfield Community Corrections Center (CSC) to i) develop health curriculum; ii) teach classes with a focus on general healthcare, communicable disease prevention and public health awareness; iii) identify those in need of health

services and provide to them access to the public health system; iv) collect and analyze data related to the availability of health services, health service needs, including the incidence of various communicable diseases, the degree to which those in need are aware and avail themselves of public health services, knowledge of preventative practices and procedures, the educational and outreach needs, and access to medical centers. Criminal offenders are assigned by the court system through probation or parole to be monitored at the Springfield Community Corrections Center (CCC). The CCC system criminal offenders are mandated to participate in a variety of introductory orientation classes. In the interest of improving the health of the entire criminal offenders community, the offenders also receive a thorough evaluation and participate in ongoing health education as part of the orientation process. Criminal offenders may then be referred, as appropriate, to their neighborhood health center for further evaluation and treatment as necessary. The HCANC monitors these referrals and may attend appointments

Signed under the penalties of perjury this ^{29th day of January, 2007.}



A handwritten signature in black ink, appearing to read "Helen Caulton-Harris". The signature is somewhat stylized and includes a small "H" at the beginning.

Helen Caulton-Harris